QUALIFIED MEDICATION AIDES

HISTORY AND IMPLEMENTATION

BRIEF HISTORY

- Beginning in the mid 1990's, there has been an emphasis on moving persons with disabilities OUT of hospitals and INTO communities.
  - The Olmstead Supreme Court decision put even more focus on this change in where people are served.
  - People with disabilities are to be served, supported, cared for or treated in HOMES in natural communities.

LICENSURE OF HOMES

- Licensure was a problem!
  - Especially the Personal Care Home license where rules govern the care
    - Might be able to get a waiver, but not ideal.
  - People are required to move if a higher level of care is needed
    - Better with Private Home Care where services are taken into someone's home
      - BUT these folks did not and do not necessarily live in homes that they leased or owned!

COMMUNITY LIVING ARRANGEMENTS

- Licensure category of Community Living Arrangements (CLA) was created
  - Took the best of PCH
  - Care is governed by the plan of care for individuals served
    - Changes in care needs does not require a move IF the provider can manage the care
- CLA may serve ONLY persons who are supported in whole or in part by the Division of MHDDAD

COMMUNITY LIVING ARRANGEMENTS continued

- Cap of SIX on number of people that can be in one home
  - Assures more home-like setting in natural community
  - DD waivers permit ONLY FOUR in one home
- Language was built into the CLA law that permits trained staff to give medications.
  - See next slide

COMMUNITY LIVING ARRANGEMENTS continued

- *37-1-20(b) The department, through the Division, shall:*
  - *(15) Regulate the delivery of care, including behavioral interventions and medication administration by licensed staff, or certified staff as determined by the division, within residential settings serving only persons who are receiving services authorized or financed, in whole or in part, by the division;*

But there was a problem…

- Nursing law DID NOT (and still does not) permit trained but unlicensed individuals to give medications. PERIOD.
  - If folks are doing this, it should be reported to the licensure authority (ORS).
- AND the Division of MHDDAD saw the need for nursing supervision and oversight to make the use of medication aides a safe practice.

HOW DID WE GET TO LEGISLATION PERMITTING THIS IDEA?

- The Division of MHDDAD was awarded a *Real Choice Systems Change Grant* by the federal government
  - A work group was formed to put together prototypes for all the pieces that it would take to safely implement the idea of Medication Aides

Then what happened?

- The idea was presented to both nursing boards
  - The Georgia Board of Nursing
    - (RN Board - September 2004)
  - The Georgia Board of Examiners of Licensed Practical Nurses
    - (LPN Board – January 2005)
- Each board designated a board member to participate in the further development of this idea

TIME LINES

- The Medication Aide task force met monthly beginning April 2005, and completed the concept paper in October 2005
  - The concept paper was presented to the RN and LPN boards, respectively in November 2005
    - Both boards approved the concept and documented their approval

TIME LINES continued

- Legislation was drawn and introduced in January 2006
  - Governor Purdue signed the legislation
  - The legislation found in Title 43 Chapter 26 (nursing law) is effective July 1, 2006.
    - See **§** 43-26-50

THE LEGISLATION

- The legislation is known as Senate Bill 480
  - Here is the web site:
    - http://www.legis.state.ga.us/legis/2005_06/sum/sb480.htm
  - Be sure you are looking at 06 SB480/AP
    - (As Passed)

THE LEGISLATION continued

- NOTE: A funny thing happened in the legislative process
  - Legislation permitting advanced practice nurses to prescribe medication was ATTACHED as an amendment to SB 480
  - When you look at the bill or law, **ONLY SECTION ONE** is applicable to QMA

THE SCOPE OF LEGISLATION **IS NARROW**

- A few slides back I said:
  - Nursing law DID NOT (and still does not) permit trained but unlicensed individuals to give medications. PERIOD.
  - This is true in ALL care settings EXCEPT CLA's
- Through SB480, **we may now train staff working in CLA's to give medications in CLA's ONLY. PERIOD.**

WHY IS THE SCOPE SO NARROW?

- This is a new practice that must be proven.
  - We must be able to validate outcomes of **well-trained staff** who do **good, safe practice** and provide **good, safe care.**
- The legislation will sunset 6/30/2011.
  - The medication aide concept will be fully assessed.
    - If seen as good, safe practice, the use of medication aides could expand.
    - If not seen as good, safe practice, the use of medication aides could cease.

WHAT ARE THE ANTICIPATED BENEFITS?

- TO PERSONS SERVED
  - Good, safe care by trained staff
    - Medication alters the chemistry of our body.
      - Medication can support us
      - Medication can be detrimental
      - Medication can kill us in the ‘right’ combinations
    - When doing provider reviews, it is UNUSUAL to find an environment free of medication errors.

WHAT ARE THE ANTICIPATED BENEFITS? continued

- TO THE PROVIDER
  - Medication Aides can be nurse-extenders
    - If the persons served in CLA's CANNOT self administer their medications, an RN or LPN must give those medications
      - If you do not, the CLA is not compliant with the law today.
    - One RN will be permitted to supervise up to 15 QMA's
      - This should make care of the persons served more economically feasible

WHAT ARE THE ANTICIPATED BENEFITS? continued

- TO THE STAFF MEMBER WHO BECOMES A QMA
  - Staff who complete the QMA program will be dually certified
    - As a Certified Nursing Assistant (CNA)
    - As a Qualified Medication Aide (QMA)
      - Staff will be more marketable
      - Staff will be more knowledgeable in the care they are giving
      - Staff should feel better about the job they do
  - Some of the courses in the QMA program will transfer to the LPN program

WHAT WILL THE QMA BE PERMITTED TO DO?

- These permitted activities are found in the new law . See § 43-26-56.
  - Observe and report to the licensed nurse any changes in the resident's condition.
  - Record in the MAR all medications that the QMA has personally administered, including a resident's refusal to take medication. The QMA shall not record in the MAR any medication that was administered by another person.
  - Administer physician-ordered oral, ophthalmic, topical, otic, nasal, vaginal, rectal medications and medications by gastric ('G' or 'J') tube.

PERMITTED QMA ACTIVITIES CONTINUED

- Administer insulin under physician direction and protocol. Insulin may be administered if the following has been implemented:
  - The physician or designee has personally documented a protocol for and trained the QMA on the proper administration of insulin according to the protocol;
  - The physician or designee has personally determined through direct observation and documented that the QMA is competent to give the insulin;
  - The protocol is on file within the record of the resident;
  - The competency determination is on file within the personnel records of the agency serving the resident.

PERMITTED QMA ACTIVITIES CONTINUED

- Administer medication via metered dose inhaler.
- Document in the resident's clinical record the observations of the resident made by the QMA, including what the QMA sees, hears, smells, or otherwise observes.
- Document what is reported by the resident to the QMA.
- Conduct finger stick blood glucose testing (specific to the glucose meter used), following the established protocol for each individual resident.

PERMITTED QMA ACTIVITIES CONTINUED

- Provide standard maintenance care to a healed G-tube or J-tube site as ordered.
- Administer a commercially prepared disposable enema, as ordered by a physician.
- Administer treatment for skin conditions, including stage I and II decubitus ulcers, following a designated protocol.

ADDITIONAL **PROPOSED** PERMITTED ACTIVITIES

- The task force working on this project *is* ***proposing*** that the following additional permitted activities be included in rules adopted by the Board.
  - Measure and document vital signs prior to the administration of medication.
  - As ordered, administer medication only after personally preparing (setting up) the prescribed medication(s).
  - Crush or otherwise alter and administer medications if such preparation is appropriate per physician's order and as directed by the pharmacy.
  - Count, administer and record medication, including controlled substances according to federal and state guidelines.

ADDITIONAL **PROPOSED** PERMITTED ACTIVITIES continued

- Ensure through receipt of a facsimile or other transferred written communication that written physician orders related to new medications, changes in medications, and discontinued medications have been properly recorded in the Medication Administration Record (MAR). Ensure that the written physician order is place on file within the resident record.
- Ensure that discontinued medications are removed from the active supply, stored in locked containers and are disposed of per agency policy.

ADDITIONAL **PROPOSED** PERMITTED ACTIVITIES continued

- Document in a formal incident report if a medication is inadvertently altered, destroyed or lost.
- Administer PRN medications ordered by a physician or a health care professional with legal prescriptive authority only if the order is written with specific parameters that preclude independent judgment.
- Assist in the supervised self-administration of medication.

ADDITIONAL **PROPOSED** PERMITTED ACTIVITIES continued

- Receive direction regarding discrete medication issues from a physician or licensed medical practitioner as permitted by Georgia law and professional practice acts. Directions received from a physician or licensed medical practitioner must be documented in writing, signed by the licensed practitioner and faxed for inclusion into the resident's record.

ADDITIONAL **PROPOSED** PERMITTED ACTIVITIES continued

- Under the direction of the licensed nurse, participate in the safe management of Schedule II medications including, but not limited to:
  - Signing for receipt of medications received from the pharmacy
  - Maintaining medications under a double-locked system of storage
  - Accurately recording the administration of medication on the resident's MAR
  - Maintaining a separate log or sign-out document accounting for Schedule II medications at least once every 24 hours

ADDITIONAL **PROPOSED** PERMITTED ACTIVITIES continued

- Disposing of discontinued or outdated medications in a manner that not easily retrievable, such as returning to the pharmacy for destruction
- Serving as a witness to the disposal of discontinued or outdated medications
  - Documentation shall be signed by two witnesses, one of which may be a QMA

PROPOSED PROHIBITED QMA ACTIVITIES

- The following tasks are those that are **not** considered to be within the scope of QMA activities. These tasks are intended to be prohibited in the rules to be promulgated by the Board after the law becomes effective on July 1, 2006.
  - The QMA may not administer the initial dose of a newly ordered medication.
  - The QMA may not administer medication intravenously.

PROPOSED PROHIBITED QMA ACTIVITIES CONTINUED

- The QMA may not administer medication by injection, except for insulin or epinephrine. Insulin or epinephrine may be administered if the following has been implemented:
  - The physician or designee has personally documented a protocol for and trained the QMA on the proper administration of insulin or epinephrine according to the protocol;
  - The physician or designee has personally determined through direct observation and documented that the QMA is competent to give the insulin or epinephrine;

PROPOSED PROHIBITED QMA ACTIVITIES CONTINUED

- The protocol is on file within the record of the resident;
- The competency determination is on file within the personnel records of the agency serving the resident.

- The QMA may not administer medication used for intermittent positive pressure breathing (IPPB) treatments or any form of medication inhalation treatments, other than metered dose inhaler.
- The QMA may not administer medication per nasogastric tube.

PROPOSED PROHIBITED QMA ACTIVITIES CONTINUED

- The QMA may not administer treatment that involves advanced skin conditions, including stage III and IV decubitus ulcers

- The QMA may not receive telephone or verbal orders for medication changes.
  - The QMA may receive direction from a physician or other licensed personnel authorized by the state to give orders related to medications *provided* the direction is documented and received by a facsimile or other transferred written communication for inclusion in the resident record.

PROPOSED PROHIBITED QMA ACTIVITIES CONTINUED

- The QMA may not instill irrigation fluids of any type including, but not limited to:
  - Colostomy; and
  - Urinary Catheter
- The QMA may not administer chemotherapy drugs, except for Tamoxifen.

TRAINING OF QMA'S

- Training will occur in schools operated by the Department of Technical Adult Education (DTAE)
  - Specifically, between now and 6/30/2011, training will occur ONLY at Atlanta Technical College
    - **WHY**? This is a new practice that must be proven.
    - We must be able to validate outcomes of **well-trained staff** who do **good, safe practice** and provide **good, safe care.**
    - Quality of training can be controlled

MONETARY SUPPORT FOR TRAINING

- Students who qualify for the QMA training program are eligible to apply for
  - HOPE Scholarship
  - PELL
    - And other federal monies
- All usual eligibility processes and requirements for DTAE apply
  - But ***in addition*** prospective students and employers **must submit affirmation (affidavit) of employment in CLA.**

LENGTH OF TRAINING

- The QMA program training is **two quarters**
  - First quarter: CNA Training
  - Second quarter: QMA Training
- We expect to admit students twice a year
  - Fall Quarter
  - Spring Quarter

LENGTH OF TRAINING CONTINUED

- **NOTE:** If perspective students are CNA certified **from a DTAE school,** they can be accepted **directly** into the QMA portion of the program

QUESTIONS THAT MAY NOT YET BE ANSWERED

- Will there be a requirement that only QMA's do medications in CLA's?
  - **NO,** this will not be a requirement.
  - **However** if the persons served **cannot** self-administer their medication, the medication must be give by
    - **Licensed nurse (RN or LPN)**
    - **Now permitted that trained QMA may do so**

QUESTIONS THAT MAY NOT YET BE ANSWERED continued

- Will the QMA training be offered anywhere else in Georgia?
  - At this time, Atlanta Technical College is the only technical school where this will be offered between now and 6/30/2011

QUESTIONS THAT MAY NOT YET BE ANSWERED continued

- What will be the instructional hours?
  - To accommodate student schedules and permit them to continue to work, the plan is that instructional days and hours will be three days per week, five hours per day:
    - Tuesday, Wednesday and Thursday
      - 8:00 a.m. until 2:00 p.m.
      - One hour for lunch

QUESTIONS THAT MAY NOT YET BE ANSWERED continued

- What will the clinical hours be?
  - During QMA Fundamentals, the student is required to complete 36 clinical hours, which are currently targeted to be:
    - Two weeks, three days each week
      - Note that the availability of clinical settings may drive specific days
    - 7:30 a.m. to 2:30 p.m.(6 hours per day)
    - One hour for lunch

QUESTIONS THAT MAY NOT YET BE ANSWERED CONTINUED

- My staff can't work it out to apply for Fall 2006. What can they do?
  - If you CAN'T apply for fall quarter, watch the program offerings at www.atlantatech.edu for future dates.

THANK YOU

- For your time, interest and support of this groundbreaking project.
- E-mail additional questions to:
  - mlrahn@dhr.state.ga.us
- Review information found at the Provider Information link:
  - www.mhddad.state.ga.us